

# Arizona Early Intervention Program (AzEIP) Program Self Assessment



## Arizona Early Intervention Program (AzEIP) Program Self Assessment



### General Supervision (GS)

Quality Indicator	4 Exemplary level of development and implementation	3 Fully functioning and operational level of development and implementation	2 Limited development or partial implementation	1 Limited development and implementation
<b>GS-1: The mission and practices of the program reflect the mission of AzEIP in enhancing the capacity of families to support their infants and toddlers with delays or disabilities to thrive in their homes and communities.</b>	<b>All indicators from level three plus:</b> Job descriptions require that personnel understand and support the mission of AzEIP -Staff consistently and accurately reflect the mission and role of AzEIP in interactions with families and the broader community -Internal Program Evaluation promotes program reflection and continuous improvement	-Program Mission Statement reflects the AzEIP mission -New Employee Orientation ensures that all staff are aware of the philosophy, mission, and role of early intervention in the lives of families -Public awareness materials, brochures, and other written materials emphasize the role of early intervention in enhancing the family's capacity to support their child's development within the context of daily life -All staff describe the program and the role of early intervention as supporting families in promoting their child's independence and participation in family and community life (For example, the person answering the phone and taking initial referrals)	-Program mission somewhat reflects the AzEIP mission -New Employee Orientation focuses on employee procedures and some program procedures -Public awareness materials emphasize services and supports for eligible infants and toddlers and their families -Some staff describe the program and the role of early intervention as supporting families in promoting their children's development -Many staff describe the program and role of early intervention as providing therapy services	-Program mission is not reflective of the AzEIP mission -New Employee Orientation focuses solely on personnel procedures -Public awareness materials emphasize services rather than support and information -Most staff describe the program and the role of early intervention as providing therapy services rather than supporting families in promoting their children's development
EVIDENCE USED TO MAKE THIS RATING List/identify the methods used to arrive at your rating. Methods might include data analysis, interviews, surveys, or other appropriate information gathering strategies.				
IF AREAS OF NON-COMPLIANCE ARE IDENTIFIED, INCLUDE A DESCRIPTION OF CAUSES OF THE NON-COMPLIANCE				
IMPROVEMENT STRATEGIES WITH TIMELINES FOR IMPROVED PRACTICES AND COMPLIANCE.				

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<b>GS-2: Parents of eligible infants and toddlers are aware of and understand their rights and procedural safeguards.</b>	<p><b>All indicators from level three plus:</b></p> <ul style="list-style-type: none"> <li>-Parents are fully informed of their procedural safeguards in ways that support their role in early intervention</li> <li>-Program makes every effort to resolve complaints at the lowest level and has mechanisms to inform DES/AzEIP of complaints and resolutions</li> <li>-Parents report they understand their procedural safeguards and know what informal and formal mechanisms are available when they have a complaint</li> </ul>	<ul style="list-style-type: none"> <li>-Program staff (all IFSP team members) are able to explain to families their procedural rights and safeguards under IDEA, Part C and mechanisms for filing informal and formal complaints</li> <li>-Parents are provided a verbal and written description of their procedural safeguards in their native language or other mode of communication at required times throughout the early intervention process (before the provider proposes or refuses to initiate or change the evaluation, eligibility, or provision of appropriate early intervention services)</li> <li>-Parents are provided a verbal and written description of their procedural safeguards in their native language or other mode of communication at required times throughout the early intervention process Copies are in child's file</li> <li>-Parents are fully informed of all information relevant to the activity for which consent is being sought (evaluation, initiation of early intervention services)</li> <li>-Service Coordinators routinely inform families of available advocacy services</li> <li>-When necessary, surrogate parent is obtained to represent the child</li> </ul>	<ul style="list-style-type: none"> <li>-Parents are provided a written description of their procedural safeguards at the initial visit with the family and at annual IFSP meetings</li> <li>-Prior written notice is provided before IFSP meetings, but inconsistently provided for IFSP reviews</li> <li>-Parents are asked to consent for the initial evaluation and assessment and the initiation of early intervention services</li> <li>-When necessary, a surrogate parent represents the child, but CPS workers occasionally sign consents for the evaluation and initiation of services</li> </ul>	<ul style="list-style-type: none"> <li>-Parents are inconsistently provided a written description of the Procedural Safeguards for Families booklet (only at the initial visit with the family)</li> <li>-Prior written notice is provided inconsistently</li> <li>-Parents are inconsistently asked to consent for the initial evaluation and assessment and the initiation of early intervention services</li> <li>-CPS workers sign consent for evaluation and the initiation of the provision of early intervention services)</li> </ul>

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<b>GS-3: Program Policies and Procedures are consistent with AzEIP Policies and Procedures and IDEA, Part C requirements.</b>	<b>All indicators from level three plus:</b> -Program has Policies and Procedures, which are reviewed by all staff and subcontractors annually -Staff and supervisors consult policies and procedures for guidance regularly -Internal Program Evaluation includes review of compliance with program policies and procedures	-Program's policies and procedures are consistent with AzEIP Policies and Procedures (as found in the Application for Federal Funds) and the Part C regulations -Staff training includes overview of policies and procedures and all staff have completed AzEIP Policies and Professionalism -Program practices are consistent with program policies and procedures	-Program's policies and procedures are not entirely consistent with AzEIP Policies and Procedures (as found in the Application for Federal Funds) and the Part C regulations -Staff training includes a limited overview of AzEIP policies and procedures -Most staff have completed the AzEIP Policies and Professionalism content area -Most program practices are consistent with AzEIP and the program's policies and procedures	-Program's policies and procedures are inconsistent with AzEIP Policies and Procedures (as found in the Application for Federal Funds) and the Part C regulations -Staff training does not include an overview of AzEIP policies and procedures -Few of the staff have completed the AzEIP Policies and Professionalism content area -Program Practices are not consistent with AzEIP policies and procedures
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<b>GS-4: The program employs and/or contracts with qualified personnel to provide early intervention to all eligible children and families.</b>	<p><b>All indicators from level three plus:</b></p> <ul style="list-style-type: none"> <li>-Program actively recruits qualified early intervention staff and/or contractors to ensure timely provision of early intervention services to all eligible children and families served through their program</li> </ul>	<ul style="list-style-type: none"> <li>-All program staff have received their AzEIP Standards of Practice Certificate of Completion <b>OR</b> have documentation of continuous participation toward their completion of Standards of Practice (SOP)</li> <li>-All program staff participate in on-going continuing education (as required and supported by contract/agency policy)</li> <li>-Program supervisors consistently conduct annual employee performance evaluations resulting in a professional development plan for each staff member</li> <li>-Program supervisors consistently hold monthly reflective supervision sessions with program staff that include record review, case review, and assessment of staff knowledge related to their work that incorporate AzEIP related items, and observations of interactions with families</li> <li>-Program supervisors consistently provide opportunities for group discussion and reflection, team meetings and/or program in-service for continuous professional development</li> </ul>	<ul style="list-style-type: none"> <li>-Most program staff have received their AzEIP Standards of Practice Certificate of Completion <b>OR</b> have documentation of continuous participation toward their completion of Standards of Practice (SOP)</li> <li>-Program staff inconsistently participate in on-going continuing education (as required and supported by contract/agency policy)</li> <li>-Program supervisors inconsistently conduct annual employee performance evaluations, resulting in a professional development plan for each staff</li> <li>-Program supervisors inconsistently hold monthly reflective supervision sessions with staff that include record review, case review, and assessment of staff knowledge related to their work, and observations of interactions with families</li> <li>-Program supervisors inconsistently provide opportunities for group discussion and reflection, team meetings and/or program in-service for continuous professional development</li> </ul>	<ul style="list-style-type: none"> <li>-Some personnel have received their AzEIP Standards of Practice Certificate of Completion <b>OR</b> have documentation of continuous participation toward their completion of Standards of Practice (SOP)</li> <li>-Few program staff participate in on-going continuing education (as required and supported by contract/agency policy)</li> <li>-Few program supervisors conduct annual employee performance evaluations</li> <li>-Program supervisors rarely hold monthly reflective supervision sessions with staff that include record review, case review, and assessment of staff knowledge related to their work, and observations of interactions with families</li> <li>-Program supervisors rarely provide opportunities for group discussion and reflection, team meetings and/or program in-service for continuous professional development</li> </ul>

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# **Arizona Early Intervention Program (AzEIP) Program Self Assessment**



## **Child Find (CF)**

Quality Indicator	4 Exemplary level of development and implementation	3 Fully functioning and operational level of development and implementation	2 Limited development or partial implementation	1 Limited or no development and implementation
<b>CF-1: The implementation of a comprehensive, coordinated child find system results in the identification, evaluation, and assessment of all eligible infants and toddlers.</b>	<p><b>Includes indicators from level 3 plus:</b></p> <ul style="list-style-type: none"> <li>-Program staff participates in local Child Find and public awareness activities/special events in coordination with AzEIP</li> <li>-Program staff coordinate and collaborate with other early care and education programs to identify potentially eligible children (coordinated recruitment efforts with EHS, attend Healthy Families meeting)</li> <li>-Program staff can identify all of the local resources for families and describe services and eligibility</li> </ul>	<ul style="list-style-type: none"> <li>-In collaboration with the local AzEIP Program Coordinator, the program provides information and public awareness materials to primary referral sources</li> <li>-Program staff review and adhere to Child Find Policies and Procedures as outlined in the Child Find IGA</li> <li>-Program staff implement the MOU between AzEIP and Early Head Start</li> <li>-Program has MOU with tribal early childhood programs that receive Part C funds outlining their partnerships in Child Find and public awareness</li> </ul>	<ul style="list-style-type: none"> <li>-Program uses AzEIP public awareness materials, but does not consistently coordinate distribution of public awareness materials with AzEIP Program Coordinator</li> <li>-Program staff inconsistently review and adhere to Child Find Policies and Procedures as outlined in the Child Find IGA</li> <li>-Program staff inconsistently implement the activities outlined in MOU between AzEIP and EHS</li> <li>-Program is in the process of developing an MOU with tribal early childhood programs that receive Part C funds outlining their individual Child Find and public awareness responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>-Program has its own brochure describing services; public awareness efforts are not coordinated with their AzEIP Program Coordinator</li> <li>-Program staff are not aware of Child Find Policies and Procedures outlined in the Child Find IGA</li> <li>-Program staff are not aware of the MOU between EHS and AzEIP</li> <li>-Program does not have MOU with tribal early childhood programs that receive Part C funds; Child Find and public awareness efforts are not coordinated</li> </ul>
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### Child Find (CF)

Quality Indicator	4 Exemplary level of development and implementation	3 Fully functioning and operational level of development and implementation	2 Limited development or partial implementation	1 Limited or no development and implementation
<b>CF-2: The evaluation and assessment of child and family needs leads to the identification of all child needs and the family needs related to enhancing the development of the child.</b>	<p><b>Includes all indicators from level 3 plus:</b></p> <ul style="list-style-type: none"> <li>-Program staff describe to families that the assessment of the family's resources, priorities, concerns, daily routines and activities is voluntary. Families are informed that the information, which is gathered lays the foundation for planning an evaluation and assessment process that addresses their priorities and questions, and helps the team understand how the child's development impacts his/her participation in family and community life</li> <li>-Evaluations and assessments are timely, individualized, comprehensive, multidisciplinary, and designed to support a simultaneous decision of eligibility for AzEIP and AzEIP participating agencies</li> <li>-Evaluations and assessments address parents' questions about their child's development, incorporate multiple information sources (records, evaluation tools, informed clinical opinion, observation, etc.), and inform and guide the on-going assessment and planning process</li> <li>-Families report that the evaluation and assessment process included their priorities, resources and concerns</li> <li>-Evaluation and assessment reports reflect an integrated compilation of all the information gathered through the planning process, including a description of all areas of the child's development relating to the family's priorities, concerns, and its impact on the child's successful participation in daily activities, routines and community life</li> </ul>	<ul style="list-style-type: none"> <li>-Program staff effectively describe to families that the assessment of their resources, priorities, concerns, daily routines and activities is voluntary, and guides the team in planning for the evaluation and assessment</li> <li>-All existing information is reviewed and considered, including exploring resources to fund the evaluation</li> <li>-Evaluations and assessments of the child are multi-disciplinary (two or more professionals involved), comprehensive (all areas of development, including vision and hearing), and relate to the family's resources, priorities, concerns, daily routines, and activities</li> <li>-Evaluations and assessments support a simultaneous decision of eligibility for AzEIP and AzEIP participating agencies</li> <li>-Evaluations and assessments result in information for planning the IFSP within 45 days of initial referral</li> <li>-Evaluation and assessment reports address the family's priorities and concerns, and include a description of the child's development, in all areas, within the context of daily routines</li> </ul>	<ul style="list-style-type: none"> <li>-Program staff ask families about their resources, priorities, concerns and their daily routines and activities; the gathered information is not consistently used for planning the evaluation and assessment process</li> <li>-Existing information is not consistently reviewed and considered, including possible resources to fund the evaluation when planning for the evaluation</li> <li>-Evaluations and assessments are primarily conducted by one person and don't consistently address all areas of development or relate to the family's resources, priorities, concerns, daily routines, and activities</li> <li>-Evaluations and assessments inconsistently support a simultaneous decision of eligibility for AzEIP and AzEIP participating agency eligibility</li> <li>-Evaluations and assessments inconsistently result in information for planning the IFSP within 45 days of initial referral</li> <li>-Evaluation and assessment reports include a description of the child's development by individual domains collected through several sources (parent report, evaluation/assessment tools). The descriptions inconsistently relate to the family's priorities, concerns, daily activities and routines</li> </ul>	<ul style="list-style-type: none"> <li>-Program staff ask families about their resources, priorities, concerns and their daily routines and activities; the gathered information is not used for planning the evaluation and assessment process</li> <li>-Existing information is rarely requested for review and consideration, including exploring resources to fund the evaluation when planning for the evaluation</li> <li>-Evaluations and assessments are always conducted by one person, using one source of information and do not address all areas of development or relate to the family's resources, priorities, concerns, daily routines, and activities</li> <li>-Evaluations and assessments do not consistently support a simultaneous decision of eligibility for AzEIP and AzEIP participating agency eligibility</li> <li>-Evaluations and assessments do not result in information for planning the IFSP within 45 days of initial referral</li> <li>-Evaluation and assessment reports are based on one source of information and do not include a description of the child's development in <b>all five</b> developmental domains, including vision and hearing; there is little relationship to the family's identified resources, priorities, concerns and daily activities</li> </ul>

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<b>CF-2: The evaluation and assessment of child and family needs leads to the identification of all child needs and the family needs related to enhancing the development of the child</b>	<b>Includes all of level 3 plus:</b> -Team members have established relationships with the variety of informal and formal community resources available to families with children, birth to three -Team lead assist families in accessing resources for which they are eligible for and/or interested in	-The Program has procedures in place to facilitate communication among each child's multidisciplinary team to reach a decision of eligibility as outlined in AzEIP Policies and Procedures -Multiple procedures and/or sources of information are used to determine a child's eligibility for AzEIP, including a diagnosis of an established condition -The Team Lead involves the AzEIP participating agency representatives responsible for determining agency eligibility as soon as the child's potential eligibility for the agency is recognized, resulting in simultaneous AzEIP and AzEIP participating eligibility determination -Team lead informs the family in writing of the eligibility decision. and ensures the family is offered participation in the AzEIP tracking system if their child is determined not eligible for AzEIP. The family is connected to appropriate community resources, when requested -Team lead facilitates and coordinates the performance of evaluation and assessments	-The program has informal procedures in place to facilitate opportunities for communication among the child's MDT -Multiple procedures and/or sources of information are inconsistently used to determine a child's eligibility for AzEIP -AzEIP participating agency representatives are inconsistently contacted as soon as the child's potential eligibility is recognized, resulting in a delay of simultaneous eligibility for AzEIP and the AzEIP participating agency -Team lead inconsistently informs the family in writing of the proposed decision of eligibility and inconsistently offers the AzEIP tracking system and community resources	-The program does not have procedures in place to ensure the multidisciplinary team members have opportunities for on-going communication -Single procedures and/or sources of information are used to determine AzEIP eligibility -AzEIP participating agency representatives are not contacted until after AzEIP eligibility has been established -Team lead informs the family in writing that their child is not eligible for AzEIP without any further follow-up
<b>EVIDENCE USED TO MAKE THIS RATING</b> List/identify the methods used to arrive at your rating. Methods might include data analysis, interviews, surveys, or other appropriate information gathering strategies (see Guidance).				
<b>IF AREAS OF NON-COMPLIANCE ARE IDENTIFIED, INCLUDE A DESCRIPTION OF CAUSES OF THE NON-COMPLIANCE</b>				

Arizona Early Intervention Program (AzEIP)  
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IMPROVEMENT STRATEGIES WITH TIMELINES FOR IMPROVED PRACTICES & COMPLIANCE.		
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# **Arizona Early Intervention Program (AzEIP) Program Self Assessment**



## **Early Intervention Services in Natural Environments (EISNE)**

Quality Indicator	4 Exemplary level of development and implementation	3 Fully functioning and operational level of development and implementation	2 Limited development or partial implementation	1 Limited or no development and implementation
<p><b>EISNE-1: I</b></p> <p><b>IFSP includes required components, as reflected in IDEA, Part C and AzEIP Policies and Procedures.</b></p>	<p>-The narrative of the child and family's daily routines includes a description of the child's development and its impact on the child's participation in those routines and activities</p> <p>-<b>Summary of the child's present levels of development</b> is a compilation of all information gathered through the planning process. The summary addresses the family's priorities and concerns, emphasizes the child's strengths and challenges, <b>in all areas of development, including vision and hearing</b>, as it impact his/her participation in the family's daily routines and community activities</p> <p>-<b>Strategies</b> build upon the child's strengths and preferences of toys, activities, interactions and caregivers</p> <p>-IFSP Team build on the child's learning opportunities throughout the daily routines or community activities and the family's identified resources to identify the most appropriate setting or location to provide supports and services. Justifications are rare, and when written, include how activities will be generalized in the NE and short timelines for moving back into the NE</p>	<p>-The family, team lead (for initial IFSP), providers involved in evaluation, assessment or intervention, the primary agency service coordinator, and others identified by the family, participate in the meetings to develop the IFSP</p> <p>-<b>At the family's discretion, the family's identified resources, priorities, concerns and interests</b> related to their child's development and their daily activities and routines are the focus of the initial and on-going conversations with families</p> <p>-<b>The summary (synthesis from all team members) of the child's present levels of development</b> creates an integrated picture of the child's development in all areas within the context of the child's daily routines and activities</p> <p>-<b>IFSP outcomes</b> are functional, reflect and support the family priorities, are in the context of daily routines and activities, and IFSP outcomes are measurable and <b>include timelines</b></p> <p>-<b>Strategies</b> to meet the outcomes relate to the child's daily routines, activities, and interests and incorporate family resources and typical caregivers</p> <p>-<b>If</b>, after the team considers all the possible routines, settings or location most appropriate to meet the outcome, they determine a setting other than a natural environment, the team includes a <b>justification</b> of their decision, how activities will be generalized to the NE and clear timelines for moving back into the NE</p>	<p>-The family, team lead member, providers involved in evaluation, assessment or intervention, the primary agency service coordinator, and others identified by the family, inconsistently participate in the meeting to develop the IFSP</p> <p>-<b>Inconsistently, at the family's discretion, the family's identified resources, priorities, concerns and interests</b> related to their child's development and their daily activities and routines are the focus of the initial and on-going conversations with the families</p> <p>-<b>Summary of the child's present levels of development</b> does not consistently include all areas of development; descriptions are domain specific</p> <p>-<b>IFSP outcomes</b> reflect family priorities. Outcomes are not consistently functional</p> <p>IFSP outcomes are not consistently measurable, nor do they include timelines</p> <p>-<b>Strategies</b> to meet the outcomes relate to general routines and inconsistently incorporate family resources and typical resources</p> <p>-<b>Justifications</b> are included when the IFSP team determines that a setting or location, most appropriate to meet the outcome, is outside of the child's natural environment. Justifications inconsistently include a description of the team's decision and the timelines to move back into the NE. Descriptions of how the activities will be generalized are included</p>	<p>-The family and team lead member or service coordinator participate in the IFSP</p> <p>-<b>The family's identified resources, priorities, concerns and interests</b> related to their child's development and their daily activities and routines are rarely the focus of the initial and on-going conversations with families</p> <p>-<b>Summary of the child's present levels of development</b> rarely includes all areas of development. The descriptions are domain specific</p> <p>-<b>IFSP outcomes</b> are domain specific, difficult to measure, and do not include timelines</p> <p>-IFSP outcomes are not measurable and do not include timelines</p> <p>-<b>Strategies</b> to meet the outcomes do not relate to the child and family's identified routines nor do they incorporate family resources. Strategies do include regular caregivers</p> <p>-<b>Justifications</b> are not included when the IFSP team determines that a setting or location, most appropriate to meet the outcome, is outside of the child's natural environment</p>

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Continued. <b>EISNE-1: IFSP includes required components, as reflected in IDEA, Part C and AzEIP Policies and Procedures.</b>	<ul style="list-style-type: none"> <li>-Review of the Program's IFSP reflect individual decisions based on the family's priorities, resources, daily routines and activities, and the child's strengths and preferences for activities, interactions, and caregivers.</li> <li>-IFSP teams recognize and utilize the identified resources of the family and other potential funding sources to pay for early intervention services</li> <li>-Families in the program report they know the process available to file an informal or formal complaint if they disagree with the IFSP as written</li> </ul>	<ul style="list-style-type: none"> <li>-IFSP teams review and discussions of the identified outcomes and the family's resources assist the team in determining the supports and services necessary to support the achievement of the outcomes. The <b>frequency, intensity and duration</b> of the supports and services are <b>individualized</b> for every child and family and include <b>start and end dates</b></li> <li>-Team members ensure parents understands that their consent is voluntary and, that they are being asked to provide consent to the plan as it is written. Parents understand that they can consent to some, but not all, services without jeopardizing the services they consent for. Team Lead/Service Coordinator ensures the parents receive and understand their rights for expressing disagreements and complaints</li> <li>-Copies of the IFSP to the family and other IFSP team members within two weeks of development or revision. With parental consent, copies of the IFSP are sent to other involved parties, such as the Primary Care Physician</li> </ul>	<ul style="list-style-type: none"> <li>-IFSP teams use a template approach when determining supports and services. The frequency, intensity and duration of the services are not consistently individualized to support the attainment of outcomes</li> <li>-Team Lead/Service Coordinator provides parents a copy the Procedural Safeguards Handbook for Families. Parents asked to sign the IFSP</li> </ul>	<ul style="list-style-type: none"> <li>-The IFSP teams use template approach when determining supports and services, including frequency, intensity, duration, payer, and start/end dates</li> <li>-Team Lead/Service Coordinator has parents sign the IFSP so that it will be complete</li> </ul>
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<b>EISNE-2: Families have access to a single service coordinator that facilitates ongoing, timely early intervention services in natural environments.</b>	<p><b>Includes all indicators from level three plus:</b></p> <ul style="list-style-type: none"> <li>-Families eligible for more than one AzEIP participating agency have a single service coordinator that facilitates or accesses services across agencies</li> <li>-Identified services to support the outcomes are provided in a timely manner, utilizing all available funding sources and resources identified by the family (EPSDT, Indian Health Services, Early Head Start)</li> <li>-Families report that their Service Coordinator continuously assisted them in on-going identification and coordination with family and community resources</li> </ul>	<ul style="list-style-type: none"> <li>-Families eligible for more than one AzEIP participating agency have a single service coordinator facilitating and coordinating services utilizing a single IFSP</li> <li>-The child may have a service coordinator from another AzEIP participating agency, with whom "primary service coordinator" works</li> <li>-All IFSPs are developed within 45 days of referral</li> <li>-All IFSPs are reviewed every 6 months and annually</li> <li>-Service coordinator assist families in identifying available service providers so that all children and families are receiving <b>all</b> the services identified on their IFSP</li> <li>-Service coordinator consistently monitors the delivery of services and supports identified on the IFSP</li> <li>-Service coordinator always participates and/or facilitates the development, review and on-going evaluation of the IFSP</li> </ul>	<ul style="list-style-type: none"> <li>-Families have multiple service coordinators through the AzEIP participating agencies and multiple IFSPs that are coordinated</li> <li>-Most, but not all, children and families are receiving all the services on their IFSP using early intervention funds only</li> <li>-Most, but not all, IFSPs are developed within 45 days of referral, reviewed every 6 months and annually</li> <li>-Service coordinator inconsistently assists families in identifying available service providers to ensure all children and families are receiving <b>all</b> the services identified on their IFSP</li> <li>-Service coordinator inconsistently monitors the delivery of services and supports identified on the IFSP</li> <li>-Service coordinator inconsistently participates/facilitates the development, review and on-going evaluation of the IFSP</li> </ul>	<ul style="list-style-type: none"> <li>-Families have multiple service coordinators through the AzEIP participating agencies and multiple IFSPs that are not coordinated</li> <li>-All children and families are not receiving all the services on their IFSP</li> <li>-Some IFSP are developed within 45 days of referrals</li> <li>-Service coordinators provide families with a list of service providers</li> <li>-All children and families are not receiving <b>all</b> the services identified on their IFSP</li> <li>-Service coordinator rarely monitors the delivery of services and supports identified on the IFSP</li> <li>-Service coordinator inconsistently participates/facilitates the development, review and on-going evaluation of the IFSP</li> </ul>
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### Early Intervention Services in Natural Environments (EISNE)

Quality Indicator	4 Exemplary level of development and implementation	3 Fully functioning and operational level of development and implementation	2 Limited development or partial implementation	1 Limited or no development and implementation
<b>EISNE-3: On-going assessment of the family's resource, priorities and concerns relevant to their child's development guides the on-going assessment of the child's strengths and needs in the context of his or her daily routines and lays the foundation for the development of integrated functional goals, and outcomes.</b>	<b>Includes all indicators from level three plus:</b> -The processes outlined in level three are well coordinated with all of the IFSP team members -Regardless of discipline, all team members can provide current information on child's progress in all areas of development and can report progress toward IFSP outcomes -Parents report that their resources, priorities and concerns are addressed within the context of their routines and activities throughout their involvement in early intervention	-At the family's discretion, Program staff (IFSP team members) facilitate and document -going discussions with families about their priorities, resources, concerns relevant to their child's development -On-going assessment processes are implemented in partnership with families -The on-going process gathers information from multiple sources such as observation of the child engaged in spontaneous, child-directed play, formal assessment procedures, review of developmental and medical records and family report -When it becomes apparent that a child may be potentially eligible for another participating AzEIP agency, the program has procedures for sharing information with the appropriate participating agency to determine, what, if any additional information is needed and who would be the best person to gather the information -Continuing eligibility is established and reviewed through the on-going assessment process	-Inconsistently, at the family's discretion, program staff (IFSP team members) facilitate and document on-going discussions with families about their priorities, resources, concerns relevant to their child's development -On-going assessment processes are inconsistently implemented in partnership with families -The on-going assessment process gathers information from several sources such as developmental assessment and medical records -Continuing eligibility is inconsistently established and reviewed through the on-going assessment process	-Rarely at the family's discretion, program staff (IFSP team members) facilitate and document on-going discussions with families about their priorities, resources, concerns relevant to their child's development -Assessments occur on an annual basis and information is gathered through formal assessment procedures (therapy reports, criterion based assessment and curriculum) -Continuing eligibility is not established or reviewed through the assessment process
EVIDENCE USED TO MAKE THIS RATING List/identify the methods used to arrive at your rating. Methods might include data analysis, interviews, surveys, or other appropriate information gathering strategies.				
IF AREAS OF NON-COMPLIANCE ARE IDENTIFIED, INCLUDE A DESCRIPTION OF CAUSES OF THE NON-				

Arizona Early Intervention Program (AzEIP)  
Program Self Assessment



COMPLIANCE	
IMPROVEMENT	
STRATEGIES WITH	
TIMELINES FOR	
IMPROVED PRACTICES	
AND COMPLIANCE.	

## Arizona Early Intervention Program (AzEIP) Program Self Assessment



### Early Intervention Services in Natural Environments (EISNE)

Quality Indicator	4 Exemplary level of development and implementation	3 Fully functioning and operational level of development and implementation	2 Limited development or partial implementation	1 Limited or no development and implementation
<b>EISNE-4: Implementation of the Individualized Family Service Plan results in infants and toddlers demonstrating improved and sustained functional outcomes</b>	<p><b>Includes all indicators from level three plus:</b></p> <ul style="list-style-type: none"> <li>-IFSP team members consult and collaborate to ensure that all early intervention activities are effectively supporting the family to achieve IFSP outcomes</li> <li>-Families and caregivers report that their children are more independent, participative and active in family, peer and community activities</li> </ul>	<ul style="list-style-type: none"> <li>-IFSP outcomes are functional, reflect and support family priorities, and are in the context of daily routines and activities</li> <li>-IFSP outcomes are measurable and include timelines</li> <li>-IFSP team members understand each team member's role in supporting the family to attain IFSP outcomes</li> <li>-Progress data from all team members indicates that progress toward IFSP outcomes is made</li> <li>-Parents and providers assess and document progress and emerging priorities <b>regularly</b> and change the IFSP accordingly</li> </ul>	<ul style="list-style-type: none"> <li>-IFSP outcomes are written in the words of the parents; however, there is little team exploration of how an outcome relates to a child's independence and participation in family routines and relationships</li> <li>-IFSP team members communicate primarily through the submission of reports for the IFSP</li> <li>-Progress data indicate a focus on treatment goals and intervention strategies that are not components of the IFSP</li> <li>-The IFSP is changed or updated to reflect progress and new priorities only at prescribed 6 month reviews and annual IFSPs</li> </ul>	<ul style="list-style-type: none"> <li>-IFSP outcomes focus on discrete skills or a specific service and do not reflect or support family priorities and routines</li> <li>-IFSP team members work in isolation of each other and independent of the IFSP</li> <li>-Progress data indicate a focus on treatment goals and intervention strategies that are not components of the IFSP</li> <li>-The IFSP is not changed or updated to reflect progress and new priorities</li> </ul>
EVIDENCE USED TO MAKE THIS RATING List/identify the methods used to arrive at your rating. Methods might include data analysis, interviews, surveys, or other appropriate information gathering strategies.				
IF AREAS OF NON-COMPLIANCE ARE IDENTIFIED, INCLUDE A DESCRIPTION OF CAUSES OF THE NON-COMPLIANCE				
IMPROVEMENT STRATEGIES WITH TIMELINES FOR IMPROVED PRACTICES AND COMPLIANCE.				

# **Arizona Early Intervention Program (AzEIP) Program Self Assessment**



## **Transition (TN)**

Quality Indicator	4 Exemplary level of development and implementation	3 Fully functioning and operational level of development and implementation	2 Limited development or partial implementation	1 Limited or no development and implementation
<b>TN-1: All children exiting AzEIP or transitioning to another program or community receive appropriate, facilitative transition planning services.</b>	<b>Includes all indicators from level three plus:</b> <b>-Referrals</b> are made to all appropriate community programs, at the request and consent of the families	<b>- Transition planning</b> supports children transitioning to the Part B service system or other community services, moving to another community or state, or no longer needing early intervention services <b>- The procedures and supports</b> needed for transition are identified on children's IFSP <b>- Families</b> are provided the option of receiving an updated copy of records (i.e. assessments, IFSP) and/or providing consent to release records, which will be forwarded to the identified programs/individuals.	<b>- Transition planning</b> supports children transitioning to the Part B service system, and occasionally those moving to another community or state, or no longer needing early intervention services <b>-The procedures and supports</b> needed for transition are identified on children's IFSPs <b>- Families</b> are inconsistently provided the option of receiving an updated copy of records (i.e. assessments, IFSP) and/or providing consent to release records, which will be forwarded to the identified programs/individuals.	<b>-Transition planning and implementation</b> is limited to only transitions to the Part B service system <b>-The procedures and supports</b> for transition are not consistently identified on children's IFSPs <b>-Families</b> are not provided the option of receiving an updated copy of records (i.e. assessments, IFSP) and/or providing consent to release records, which will be forwarded to the identified programs/individuals.
<b>EVIDENCE USED TO MAKE THIS RATING</b>  List/identify the methods used to arrive at your rating. Methods might include data analysis, interviews, surveys, or other appropriate information gathering strategies.				
<b>IF AREAS OF NON-COMPLIANCE ARE IDENTIFIED, INCLUDE A DESCRIPTION OF CAUSES OF THE NON-COMPLIANCE</b>				

## Arizona Early Intervention Program (AzEIP) Program Self Assessment



IMPROVEMENT STRATEGIES WITH TIMELINES FOR IMPROVED PRACTICES AND COMPLIANCE.	
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### Transition (TN)

Quality Indicator	4 Exemplary level of development and implementation	3 Fully functioning and operational level of development and implementation	2 Limited development or partial implementation	1 Limited or no development and implementation
<b>TN-2: All children transitioning to Part B services receive transition planning services that ensure a free, appropriate public education (FAPE) by their third birthday.</b>	<b>Includes all indicators from level three plus:</b> <ul style="list-style-type: none"> <li>-Program staff provides information and documentation about the child's progress and regression when if a lapse of service had occurred to assist the school districts as they address Extended Year Services, when appropriate</li> <li>-Families are informed about both advocacy and parent training and information resources</li> <li>-Program staff support the transition process in such a way so as to heighten the comfort level of families</li> </ul>	<ul style="list-style-type: none"> <li>- The program notifies the PEA of children transitioning in the upcoming year and provides an update in accordance with the Transition IGA.</li> <li>- Transition conferences are arranged and held between 2 years 6 months- 2 years, 9 months.</li> <li>-The comprehensive developmental assessment is completed prior to the transition planning conference</li> <li>-Parental consent is obtained to release records to the PEA</li> <li>-If parental consent is obtained, the program provides records (assessment and IFSP) to the PEA</li> <li>-Program staff participate in collaborative planning meetings with school districts</li> </ul>	<ul style="list-style-type: none"> <li>- The program inconsistently notifies the PEA of children transitioning in the upcoming year, and provides an update in September</li> <li>-Transition Planning conferences inconsistently arranged and held between 2 years 6 months and 2 years 9 months.</li> <li>- The comprehensive developmental assessment is inconsistently completed prior to the transition planning conference</li> <li>- Parental consent is inconsistently obtained to release records to the PEA</li> <li>-If parental consent is obtained, the program does inconsistently provides records (assessment and IFSP) to the PEA</li> <li>-Early intervention providers inconsistently attend IEP meetings to share their insights and knowledge about the child's strengths and challenges</li> </ul>	<ul style="list-style-type: none"> <li>-The program does not notify the PEA of children transitioning in the upcoming year, nor provide an update in September</li> <li>-Transition Planning conferences are not arranged or held between 2 years 6 months and 2 years 9 months</li> <li>-The comprehensive developmental assessment is not completed prior to the transition planning conference</li> <li>-Parental consent is not obtained to release records to the PEA</li> <li>-If parental consent is obtained, the program does not provide records (assessment and IFSP) to the PEA</li> <li>-Program staff do not attend the IEP meetings when invited</li> </ul>
<b>EVIDENCE USED TO MAKE THIS RATING</b>  List/identify the methods used to arrive at your rating. Methods might include data analysis, interviews, surveys, or other				

Arizona Early Intervention Program (AzEIP)  
Program Self Assessment



appropriate information gathering strategies.	
IF AREAS OF NON-COMPLIANCE ARE IDENTIFIED, INCLUDE A DESCRIPTION OF CAUSES OF THE NON-COMPLIANCE	
IMPROVEMENT STRATEGIES WITH TIMELINES FOR IMPROVED PRACTICES AND COMPLIANCE.	

**Arizona Early Intervention Program (AzEIP)  
Program Self Assessment**



**Agency/Program Name:**

☐ **Service Coordination**    ☐ **Early Intervention Provider**

**Date Completed:**

**Summary/Comments**

**Contractor:**

**Codes: 1= Non-compliant 2=Partially Compliant**  
**3= Complaint      4=Compliant/Exemplary**